

FAA ANTIDRUG PROGRAM

GLOSSARY OF TERMS

PROGRAM TERMS

Accident	An occurrence associated with the operation of an aircraft which takes place between the time any person boards the aircraft with the intention of flight and all such persons have disembarked, in which any person suffers death or serious injury or in which the aircraft receives substantial damage.
Annual rate	<p>The rate established by the FAA at or above which employers must conduct random drug tests each year, expressed as a percentage of an employer's safety-sensitive employees.</p> <p>[The number of employees x rate = number of tests required/year.]</p>
Antidrug plan	Written plan submitted by an employer (or consortium or contract company) containing the details of the employer's antidrug program.
Antidrug program	The actual implementation of the antidrug plan, comprising training, testing, recordkeeping, reporting, and any other elements required under the antidrug rule.

Antidrug rule	The regulatory basis for requiring antidrug programs in aviation. Usually cited as "14 CFR part 61 <u>et al.</u> " The basic requirements for programs are found in appendix I to 14 CFR part 121. (Also called the "final rule.")
Consortium	A provider of services required under the antidrug rule. A consortium must submit a core plan to the FAA for approval. The plan identifies the collector, MRO, laboratory, etc. Employers who elect to join a consortium submit minimal plans that primarily identify the employer, type of certificate, and number of covered employees and the employer's program manager.
Contemporaneous	Happening at or near the same time.
Contractor	A company whose employees perform covered functions for an employer by contract.
Covered employee	Any person performing specified safety-sensitive functions (see definition below) directly or by contract for an employer.
Employer	A part 121 certificate holder, a part 135 certificate holder, an operator as defined in 14 CFR 135.1(c), or an air traffic control facility not operated by or under contract with the FAA or the U.S. military. These are currently the only entities directly covered by the antidrug rule. (Also "covered employer.")

Federal Register	The document in which notices and regulations are published. Items are cited by the volume, page, and date of publication (<u>e.g.</u> , the final rule is cited as 53 FR 47024; November 21, 1988).
Follow-up	Type of test. Required after an individual is hired for or returns to the performance of safety-sensitive functions after a positive drug test or refusal to submit to testing.
Medical Review Officer	A licensed medical doctor (M.D.) or doctor of osteopathy (D.O.) who has knowledge of substance abuse disorders. The MRO reviews test results to ensure the validity of the results and interviews employees with confirmed positive test results to determine whether a credible explanation other than illegal drug use exists for the results.
Part 67 airman medical certificate	Certificate issued to persons meeting medical qualifications specified in the regulations. Pilots and air traffic controllers are required to hold certificates issued under 14 CFR part 67.
Periodic	Type of drug test required for part 67 medical certificate holders. Must be conducted during the employer's first year of random testing; may be discontinued thereafter. Tied to time of medical examination (or other schedule as approved by the FAA).
Planholder	An employer or contractor who has an approved antidrug plan.

Positive rate	The number of positive random drug tests conducted under appendix I plus the number of employees who refused to submit to required random drug tests, divided by the total number of random drug tests conducted under appendix I plus the total number of employees who refused to submit to random drug tests (as reported to the FAA by employers).
Pre-employment	Type of drug test required for all persons prior to performing a safety-sensitive function for the first time for an employer.
Prohibited drug	Marijuana, cocaine, opiates, phencyclidine, and amphetamines.
Random	Type of drug test. All covered employees must be subject to unannounced testing based on random selection at a rate at least equal to 50% of the total number of covered employees. (May be changed to 25% if the positive rate is below 1% for two consecutive calendar years.)
Random selection	A sampling method in which each member of a population has the same chance of being chosen any time a selection is made.
Reasonable cause	Type of drug test. A decision to test must be based on a reasonable and articulable belief that the employee is using a prohibited drug based on specific, contemporaneous physical, behavioral, or performance indicators of probable drug use. [Rule has specific requirements for supervisor qualifications to direct a r.c. test.]

Refusal to submit	An individual failed to provide a urine sample as required by 49 CFR part 40, without a genuine inability to provide a specimen (as determined by a medical evaluation), after he or she has received notice of the requirement to be tested in accordance with appendix I, or engaged in conduct that clearly obstructed the testing process.
Return to duty	Type of test. Required after a failure of or refusal to submit to a test required under the FAA's antidrug rule. [Cannot be performed under the auspices of the FAA rule solely on the basis of an admission of drug use or entry into rehabilitation.]
Safety-sensitive function	<p>A function listed in section III of appendix I to 14 CFR part 121. Specific duties are:</p> <ul style="list-style-type: none"> - Flight crewmember - Flight attendant - Flight instruction - Aircraft dispatcher - Aircraft maintenance or preventive maintenance - Aviation screening - Ground security coordinator - Air traffic control
Substance Abuse Professional	A licensed physician (M.D. or D.O.), licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcohol and Drug Abuse Counselors), with knowledge of and clinical experience in the diagnosis and treatment of disorders related to drug use and abuse. (Performs required evaluations after verified positive/refusal.)

TESTING PROCEDURES TERMS

Adulteration	Adding something to a urine specimen (usually with the intent to impede the testing process). Common adulterants: water, salt, vinegar, perfume. Also commercial products such as Urinaid (glutaraldehyde) or "Mary Jane Super-Clean 13" (detergent).
Aliquot	A small portion of a urine specimen, used for testing.
Blind performance testing	Quality control monitoring for laboratories. Specimen with known results (positive or negative) is sent to the laboratory with fictitious identifier. Variances from the expected results must be investigated.
Blank specimen	Specimen with no drugs present, used for blind performance testing.
Bluing agent	Dye added to toilet water to deter dilution of a specimen.
Certified laboratory	A drug testing laboratory that has been approved by SAMHSA (formerly NIDA) to perform tests under its procedures.

Chain of custody	Method of tracking the handling of a specimen or aliquot from collection through laboratory testing. Each transfer of the specimen/aliquot must be entered on a chain of custody form. Complete and accurate forms may substitute for live testimony if drug test results are challenged. (See also, "intralaboratory chain of custody.")
Collection	The process of obtaining a urine specimen from a donor.
Collection container	A wrapped, single-use container into which a donor urinates and from which the urine is poured into a specimen bottle.
Collection site person; collector	The person designated to conduct the collection, assist the donor, and prepare the specimen bottle for shipment.
Confirmation test	An analytical procedure used to scientifically determine the presence of a specific drug at a quantified level in a urine specimen. Confirmation testing of the primary specimen follows an initial (screen) test; retests and split specimen testing uses confirmation testing only. Currently, gas chromatography/ mass spectrometry is the only authorized methodology for confirmation testing.

Confirmed positive	A urinalysis in which both the initial and confirmation tests indicate the presence of a prohibited drug over the specified cut-off levels and the results of which the laboratory certifying official has certified.
Creatinine	A substance found in specified quantities in human urine. The absence of creatinine or presence in non-normal levels can indicate that a specimen has been substituted or adulterated.
Donor	An employee or applicant who provides a urine specimen for testing.
False negative	A reported negative test result for a urine specimen that should have been reported positive. Caused either by analytical (testing procedure) error or by administrative error (<u>i.e.</u> , analytical results are correct, but are incorrectly reported).
False positive	A positive test result for a urine specimen that is blank ("true" false positive) or has a drug present but below the cut-off level ("technical" false positive). Caused either by an analytical (testing procedure) error or by an administrative error.
Forensic	Scientific matters in a legal context. (For drug testing results to be "forensically acceptable," they must meet both scientific standards and legal/evidentiary requirements.)

**Gas chromatography/
mass spectrometry**

Only confirmation testing methodology currently approved for use in NIDA-certified laboratories. Uses a combination of two procedures: GC, in which a drug or drug metabolite is extracted from other elements in urine during passage through the GC device (the time that different chemicals take to pass through the GC is specific to each chemical); and MS in which the extracted drug is bombarded into ions which are measured against a reference standard. The presence of certain ions in specified ratios identifies a drug by its molecular "fingerprint."

Immunoassay

A screening or initial test methodology. Essentially measures the amount of drug present by determining how much binds with an antibody specific for that drug. (Specific types of immunoassays include radioimmunoassay, enzyme multiplied immunoassay, and fluorescent polarization tests.)

**Intralaboratory
chain of custody**

Form originated by a drug testing laboratory to track the handling of specimen aliquots during the testing process. Generally, a separate chain of custody form is maintained for each aliquot.

Isomer differentiation	A test to distinguish l-methamphetamine, which is not a controlled substance (it is commonly found in such items as Vick's inhalers), from its stereoisomer, d-methamphetamine, which is a controlled substance.
Mailer	See definition of "shipping container."
Methamphetamine	A type of amphetamine.
Monitored collection	A collection in which the collection site person can hear the donor urinating. Occurs when the site does not provide complete privacy (<u>e.g.</u> , the donor is in a stall and the collection site person remains in the restroom) or when the collection site person intentionally listens to ensure the donor does not use an unsecured water source to dilute the specimen. Must be performed by medical personnel or by a same-sex collection site person.
"NIDA five"	Old shorthand reference to the five drugs for which testing is generally performed and for which NIDA established analytical protocols: marijuana, cocaine, phencyclidine, opiates, and amphetamines.
Observed collection	A collection in which the collection site person watches the donor urinate into the specimen bottle or collection container. Authorized or required only in limited circumstances.

**Passive ingestion/
passive inhalation**

Generally meritless defenses to confirmed positive tests, usually marijuana. Passive ingestion--unknowingly eating or drinking a drug ("brownie/Inca tea defense"); passive inhalation--unknowingly or unintentionally inhaling drug smoke ("rock concert defense"). Most frequently, the defense does not match the drug for which the specimen was positive, or the quantitative level is inconsistent with the defense.

Poppy seeds

A natural source of opiates. If eaten in large quantities, may cause an opiate positive. One of the reasons the rule requires additional information before verification of an opiate positive.

Retest

[NO LONGER AUTHORIZED FOR FAA TESTS.] A test performed on a confirmed positive specimen at the request of the individual. The request had to be made through the MRO and was honored if the employee made it within 60 days of receiving actual notice of the positive result. Test was by confirmation method only, and for presence of the specified drug(s) without regard to cut-off level.

Screen positive

A positive test result on an initial test. Also called a presumptive positive.

Screening/initial test

An analytical procedure primarily intended to identify negative specimens. (See immunoassay.)

Shipping container	A container in which a specimen is sent to the testing laboratory. Must meet certain regulatory standards for security and durability (also called a mailer).
Specific gravity	The ratio of the density of urine to the density of water at a specified temperature (should be between 1.002 and 1.030). Out-of-range specific gravity can indicate specimen dilution or other tampering.
Specimen bottle	A bottle meeting specific requirements used to collect urine for drug testing.
Split specimen	A portion of a urine void that is poured into a separate specimen bottle for handling and testing. Provides possible protection against mishandling of the primary specimen. ALL COLLECTIONS UNDER FAA RULE MUST BE CONDUCTED USING SPLIT SPECIMEN METHOD. MRO must notify employee of the right to have the split tested at time of notice of <u>confirmed</u> positive test result. Employee has the right to have the split tested if request is made within 72 hours of notice of <u>verified</u> positive test.
Verification	The process through which an MRO determines whether a confirmed positive test result indicates illegal drug use. Except in rare circumstances, must include a discussion with the employee.

Verified positive

A positive drug test result for which the MRO has determined that no legitimate medical or other explanation exists.